



Speech-Language Pathology and Audiology Board

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FIELDWORK EXPERIENCE VERIFICATION FORM

INSTRUCTIONS: COMPLETE ALL SECTIONS OF THE FORM AND SEND TO COLLEGE OR UNIVERSITY FOR VERIFICATION BY CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR. PLEASE PRINT OR TYPES. ALL SIGNATURES MUST BE IN BLUE INK.

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

UNIVERSITY OR COLLEGE: _____

Supervisor's Full Name & License Number	Location Where Experience Was Obtained	Dates of Experience From (Mo/Yr) To Mo/Yr)		Total Hours Earned

TOTAL:

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

Signature of Current Training Program Director/Coordinator_____
Date_____
Applicant's Signature